

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Miller FIRST James MI E  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Env'tl Fl Op Dir

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by James E Miller

1/22/2019 1:03:50 PM

SIGNATURE

DATE



**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

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LAST NAME Miller FIRST James MI E  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

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- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

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4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Envtl FI Op Dir

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

### LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

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### EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

### REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by James E Miller

1/25/2018 4:08:25 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLYPENNSYLVANIA STATE ETHICS  
COMMISSION (717) 783-1610 TOLL FREE 1-800  
-932-0936

01 LAST NAME Miller		FIRST NAME James		MI E	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)		C <input type="checkbox"/> Public Official (Current)		D <input checked="" type="checkbox"/> Public Employee (Current)	
B <input type="checkbox"/> Nominee		C <input type="checkbox"/> Public Official (Former)		D <input type="checkbox"/> Public Employee (Former)	
				E <input type="checkbox"/> Check this block if you are filing as a solicitor	
				F <input type="checkbox"/> Check this block if you are amending an original filing	
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)					
A Rgnl Env'tl FI Op Dir		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
B		<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4)				07 YEAR SEE INSTRUCTIONS	
Rgnl Env'tl FI Op Dir				Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Creditor (Name and Address)		Address		Interest Rate	
Name					
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)					
Name		Address			
Environmental Protection		[REDACTED]			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift				Value of Gift	
Address of Source of Gift				Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)				Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business Entity (Name and Address)				Position Held (i.e., officer, director, employee, etc.)	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business				Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)				Interest Held	
Transferree (Name and Address)				Relationship	
				Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by James E Miller [REDACTED]

Current Date

1/22/2019 1:03:50 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Miller		FIRST NAME James		MI E	SUFFIX
------------------------	--	---------------------	--	---------	--------

  

02 ADDRESS office (business or governmental) or home		City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

  

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Env'tl FI Op Dir				
B		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held

  

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

  

06 OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS
Rgnl Env'tl FI Op Dir	Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017

  

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
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09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address)	Interest Rate
Name	
Address	

  

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name	Address		
Environmental Protection			

  

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

  

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

  

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

  

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

  

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

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**LAST NAME** Gustafson **FIRST** Staci **MI** D  
**NAME OF AGENCY, BOARD OR COMMISSION** Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

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- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
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- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
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Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

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Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

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in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

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N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

### EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

American Red Cross  
229 Elm St, Suite B  
Oil City, PA 16301

Title/description of service(s)

Disaster Services Team Member

Period(s) of time during which services were, are or will be rendered

On-call throughout year

Total amount of monies, compensation, consideration received

Volunteer-

### REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

Cottage 82 East Ave Westfield NY 14787

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Purchased cottage from family members

Acquisition:

Date(s) Acquired 06/13/2018

Name/Address of person(s)/entity(ies) from whom acquired

**David Gustafson (deceased) Pittsburgh, Pa**

**Judy LaLande  
North Fort Myers, FL**

**Douglas Gicquelais  
Delaware**

**Susan Nauman  
Severna Park, PA**

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Purchase/Buyout of family members interests in cottage**

*Transfers:*

Name, nature/description and mailing address of property interest(s)

**N/A**

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

**N/A**

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

**N/A**

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

SIGNATURE

DATE

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Gustafson FIRST Staci MI D  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)  
\_\_\_\_\_

Nature/description of interest(s), including conditions and encumbrances  
\_\_\_\_\_

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred  
\_\_\_\_\_

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

### LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

### EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

American Red Cross  
229 Elm St, Suite B  
Oil City, PA 16301

Title/description of service(s)

Disaster Team Member

Period(s) of time during which services were, are or will be rendered

On-call throughout year

Total amount of monies, compensation, consideration received

Volunteer- [REDACTED]

### REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Staci D Gustafson

4/16/2018 11:51:32 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLYPENNSYLVANIA STATE ETHICS  
COMMISSION (717) 783-1610 TOLL FREE 1-800  
-932-0936

01 LAST NAME Gustafson	FIRST NAME Staci	MI D	SUFFIX
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02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

  

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held
A Envtl Prgm Mgr	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
B	

  

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

  

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Assistant Regional Director	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
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08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
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09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address)	Address	Interest Rate
Name		

  

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name	Address	
Environmental Protection		

  

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

  

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

  

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)
American Red Cross 229 Elm St, Suite B Oil City, PA 16301	Disaster Services Team Member

  

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

  

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Staci D Gustafson

Current Date

2/12/2019 12:51:42 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bristow FIRST Geoffrey MI C  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

**Penncrest School district**

**18741 PA Rt. 198**

**Saegertown, PA 16433**

Title/description of service(s)

**Head Soccer Coach**

Period(s) of time during which services were, are or will be rendered

**1/1/15 to 12/31/16**

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

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Nature/description of payments or proceeds (ATTACH COPIES)

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**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Geoffrey C Bristow

4/4/2019 7:46:31 AM

SIGNATURE

DATE

**PERSONAL ECONOMIC INTEREST - ATTACHMENT**

**Name/Address of principal office of the business entity(ies):**

[REDACTED]  
[REDACTED]  
[REDACTED]

**Nature/description of interest(s), including conditions and encumbrances:**

[REDACTED]

---

**Name/Address of principal office of the business entity(ies):**

[REDACTED]  
[REDACTED]  
[REDACTED]

**Nature/description of interest(s), including conditions and encumbrances:**

[REDACTED]

---

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

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LAST NAME Bristow FIRST Geoffrey MI C  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

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- a. Governor*
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- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
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**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Pltn Prvntn/Cmplnc Ast Mg

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Penncrest School district

18741 PA Rt. 198

Saegertown, PA 16433

Title/description of service(s)

Head Soccer Coach

Period(s) of time during which services were, are or will be rendered

1/1/15 to 12/31/16

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired



Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Geoffrey C Bristow

3/23/2018 1:40:01 PM

SIGNATURE

DATE

**PERSONAL ECONOMIC INTEREST - ATTACHMENT**

**Name/Address of principal office of the business entity(ies):**

[REDACTED]

**Nature/description of interest(s), including conditions and encumbrances:**

[REDACTED]

---

**Name/Address of principal office of the business entity(ies):**

[REDACTED]

**Nature/description of interest(s), including conditions and encumbrances:**

[REDACTED]

---

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01	<b>LAST NAME</b> Bristow	<b>FIRST NAME</b> Geoffrey	<b>MI</b> C	<b>SUFFIX</b>
----	-----------------------------	-------------------------------	----------------	---------------

  

02 <b>ADDRESS office (business or governmental) or home</b>	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 <b>STATUS</b> Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

  

04 <b>PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	
A Env'tl Grp Mgr				
B	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held	

  

05 <b>GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

  

06 <b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Energy Program Manager	07 <b>YEAR</b> SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here:	2018
--	--	------

  

08 <b>REAL ESTATE INTERESTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
--	--

  

09 <b>CREDITORS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Creditor (Name and Address) Name Address	Interest Rate

  

10 <b>DIRECT OR INDIRECT SOURCES OF INCOME</b>	including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address			
See attachment			

  

11 <b>GIFTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

  

12 <b>TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address)	Value

  

13 <b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Business Entity (Name and Address) Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433	Position Held (i.e., officer, director, employee, etc.) Head Soccer Coach

  

14 <b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

  

15 <b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Geoffrey C Bristow

Current Date

4/4/2019 7:46:31 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**SEC-1 DIRECT OR INDIRECT SOURCES OF INCOME - Attachment**

**Income Name**

**Address**

Environmental Protection

400 Market St Harrisburg, PA 17105

Penncrest School District

Route 198 Saegertown, PA 16433

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01	<b>LAST NAME</b> Bristow	<b>FIRST NAME</b> Geoffrey	<b>MI</b> C	<b>SUFFIX</b>
----	-----------------------------	-------------------------------	----------------	---------------

  

02 <b>ADDRESS office (business or governmental) or home</b>	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 <b>STATUS</b> Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

  

04 <b>PUBLIC POSITION OR PUBLIC OFFIC</b> (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Pltn Prvntn/Cmplnc Ast Mg			
B	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held

  

05 <b>GOVERNMENTAL ENTITY</b>	In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
A Environmental Protection	
B	

  

06 <b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Energy Program Manager	07 <b>YEAR</b> SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
--	---

  

08 <b>REAL ESTATE INTERESTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
--	--

  

09 <b>CREDITORS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Creditor (Name and Address) Name Address	Interest Rate

  

10 <b>DIRECT OR INDIRECT SOURCES OF INCOME</b>	including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address			
Environmental Protection			

  

11 <b>GIFTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

  

12 <b>TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address)	Value

  

13 <b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Business Entity (Name and Address) Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433	Position Held (i.e., officer, director, employee, etc.) Head Soccer Coach

  

14 <b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

  

15 <b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address) Transferree (Name and Address)	Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Geoffrey C Bristow

Current Date

3/23/2018 1:40:01 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dyll FIRST Darren MI S  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

- 1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*
- a. Governor
  - b. Lieutenant Governor
  - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
  - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
  - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
  - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- 2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year(January 1 through December 31).** Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Air Qlty Dstr Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired



**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Darren S Dyll

1/25/2019 1:55:21 PM

SIGNATURE

DATE

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dyll FIRST Darren MI S  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year(January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Air Qlty Dstr Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies) \_\_\_\_\_

N/A

Nature/description of interest(s), including conditions and encumbrances \_\_\_\_\_

**Transfers:**

Nature/description of transferred interest(s) \_\_\_\_\_

N/A

Name/address of person(s)/entity(ies) to whom transferred \_\_\_\_\_

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

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Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

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N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Darren S Dyll

2/12/2018 9:05:52 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Dyll	FIRST NAME Darren	MI S	SUFFIX
----------------------	----------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Air Qlty Dstr Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Air Qlty Dstr Supv	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
---	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Darren S Dyll [REDACTED]

Current Date

1/25/2019 1:55:21 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

<b>01 LAST NAME</b> Dyll	<b>FIRST NAME</b> Darren	<b>MI</b> S	<b>SUFFIX</b>
<b>02 ADDRESS office (business or governmental) or home</b> City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Area Code: [REDACTED] Phone: [REDACTED]			
<small>NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.</small>			
<b>03 STATUS</b> Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) D <input checked="" type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor X <input checked="" type="checkbox"/> Check this block if you are amending an original filing			
B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)			
<b>04 PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A Air Qlty Dstr Supv <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
B			
<b>05 GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
<b>06 OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Air Qlty Dstr Supv		<b>07 YEAR SEE INSTRUCTIONS</b> Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
<b>08 REAL ESTATE INTERESTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
<b>09 CREDITORS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address) Name: [REDACTED]		Address: [REDACTED] Interest Rate: [REDACTED]	
<b>10 DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)			
Name: Environmental Protection		Address: [REDACTED]	
<b>11 GIFTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
<b>12 TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
<b>13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
<b>14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
<b>15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)		Interest Held	
Transferree (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Darren S Dyll [REDACTED]

Current Date

2/12/2018 9:05:52 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Schwartz FIRST Ronald MI A  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**



1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Env'tl Fl Op Dir

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

**Camp property/building 113 tubbs lane Leeper, PA 16233**

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired **02/01/2007**

Name/Address of person(s)/entity(ies) from whom acquired

**Ronald Schwartz (Father)**

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Ronald A Schwartz

1/22/2019 2:38:59 PM

SIGNATURE

DATE

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Schwartz FIRST Ronald MI A  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Env'tl FI Op Dir

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

**Camp property/building 113 tubbs lane Leeper, PA 16233**

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

**Acquisition:**

Date(s) Acquired 02/01/2007

Name/Address of person(s)/entity(ies) from whom acquired

**Ronald Schwartz (Father)**

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

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Form electronically submitted by Ronald A Schwartz

1/25/2018 2:02:15 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Schwartz	FIRST NAME Ronald	MI A	SUFFIX
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02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

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A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)			<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Envtl FI Op Dir			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Regional Director	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Creditor (Name and Address) Name Address Interest Rate See attachment	

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address Environmental Protection [REDACTED]		

11 GIFTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift	

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address) Value	

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)	

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)	

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address) Interest Held Relationship Date Transferred Transferree (Name and Address)	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Ronald A Schwartz

Current Date

1/22/2019 2:38:59 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Schwartz	FIRST NAME Ronald	MI A	SUFFIX
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02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)			<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Env'tl Fl Op Dir			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Regional Director	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name See attachment	Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Ronald A Schwartz [REDACTED]

Current Date

1/25/2018 2:02:15 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

<u>Creditor</u>	<u>Address</u>	<u>Interest Rate</u>
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Halloran FIRST Kevin MI A  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year(January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Kevin A Halloran

2/1/2019 8:40:43 AM

SIGNATURE

DATE

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Halloran FIRST Kevin MI A  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**



1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows:    **a.)** Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120.    **b.)** Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120.    **c.)** All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

### LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

### EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

### REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Kevin A Halloran

1/23/2018 7:54:16 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Halloran	FIRST NAME Kevin	MI A	SUFFIX
--------------------------	---------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Env'tl Prgm Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Env'tl Prgm Mgr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

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Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Kevin A Halloran

Current Date

2/1/2019 8:40:43 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Halloran	FIRST NAME Kevin	MI A	SUFFIX
--------------------------	---------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
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A Env'tl Prgm Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Env'tl Prgm Mgr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

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Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

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Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

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Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

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Signature Form electronically submitted by Kevin A Halloran

Current Date

1/23/2018 7:54:16 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bailey FIRST Brian MI K  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A  
Principal Occupation or Profession \_\_\_\_\_  
Principal Work Address \_\_\_\_\_  
Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection  
Position Title Envtl Prgm Mgr  
Work Address [REDACTED]  
Work Telephone Number [REDACTED]

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

**See attachment**

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired



Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian K Bailey

4/5/2019 8:01:10 PM

SIGNATURE

DATE

**EMPLOYMENT - ATTACHMENT**

**Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:**

Tuckahoe Fire Company  
875 Cannery Road  
Northumberland, PA 17801

**Title/Description of service(s):**

Fire Fighter - Emergency Medical Technician

**Period(s) of time during which services were, are or will be rendered:**

year

**Total amount of monies, compensation, consideration received:**

volunteer

---

**Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:**

Americus Hose Company  
100 Linden Street  
Sunbury, PA 17801

**Title/Description of service(s):**

Firefighter - Emergency Medical Technician

**Period(s) of time during which services were, are or will be rendered:**

year

**Total amount of monies, compensation, consideration received:**

volunteer

---

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

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LAST NAME Bailey FIRST Brian MI K  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31).

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4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

**See attachment**

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian K Bailey

4/25/2018 7:56:18 PM

SIGNATURE

DATE

**EMPLOYMENT - ATTACHMENT**

**Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:**

Tuckahoe Fire Company  
875 Cannery Road  
Northumberland, PA 17801

**Title/Description of service(s):**

Fire Fighter - Emergency Medical Technician

**Period(s) of time during which services were, are or will be rendered:**

year

**Total amount of monies, compensation, consideration received:**

volunteer

---

**Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:**

Americus Hose Company  
100 Linden Street  
Sunbury, PA 17801

**Title/Description of service(s):**

Firefighter - Emergency Medical Technician

**Period(s) of time during which services were, are or will be rendered:**

year

**Total amount of monies, compensation, consideration received:**

volunteer

---

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 <b>LAST NAME</b> Bailey	FIRST NAME Brian	MI K	SUFFIX
-------------------------------	---------------------	---------	--------

02 <b>ADDRESS office (business or governmental) or home</b>	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 <b>STATUS</b> Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 <b>PUBLIC POSITION OR PUBLIC OFFIC</b> (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A: Envtl Prgm Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 <b>GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 <b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Environmental Group Manager	07 <b>YEAR SEE INSTRUCTIONS</b> Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
---	---

08 <b>REAL ESTATE INTERESTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
--	--

09 <b>CREDITORS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address) Name See attachment	Address Interest Rate

10 <b>DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection		Address	

11 <b>GIFTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	
Circumstances (including description) of Gift	

12 <b>TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 <b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Business Entity (Name and Address) See attachment	Position Held (i.e., officer, director, employee, etc.)

14 <b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 <b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian K Bailey

Current Date

4/5/2019 8:01:10 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



## SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## SEC-1 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS - Attachment

Entity

Position Held

Tuckahoe Fire Company  
875 Cannery Road  
Northumberland, PA 17801

Fire Fighter - Emergency Medical  
Technician

Americus Hose Company  
100 Linden Street  
Sunbury, PA 17801

Firefighter - Emergency Medical  
Technician

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Bailey		FIRST NAME Brian		MI K	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) D <input checked="" type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor <input type="checkbox"/> Check this block if you are amending an original filing					
B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)					
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held					
A Envtl Grp Mgr <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held					
B					
05 GOVERNMENTAL ENTITY in which you were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Environmental Group Manager			07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Creditor (Name and Address) Name See attachment		Address		Interest Rate	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)					
Name Environmental Protection		Address [REDACTED]			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift				Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Business Entity (Name and Address) See attachment		Position Held (i.e., officer, director, employee, etc.)			
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# SEC-1 CREDITORS - Attachment

## Creditor

## Address

## Interest Rate

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

# SEC-1 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS - Attachment

## Entity

## Position Held

Tuckahoe Fire Company  
875 Cannery Road  
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Fire Fighter - Emergency Medical  
Technician

Americus Hose Company  
100 Linden Street  
Sunbury, PA 17801

Firefighter - Emergency Medical  
Technician

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
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LAST NAME Babb FIRST Brian MI T  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

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Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

### LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

### EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

### REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian T Babb

1/26/2019 3:06:26 PM

SIGNATURE

DATE

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Babb FIRST Brian MI T  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**



1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Permits Environmental Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)  
\_\_\_\_\_

Nature/description of interest(s), including conditions and encumbrances  
\_\_\_\_\_

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred  
\_\_\_\_\_

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

### LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

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N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

### EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

### REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian T Babb

4/25/2018 12:44:58 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 <b>LAST NAME</b> Babb	02 <b>FIRST NAME</b> Brian	03 <b>MI</b> T	04 <b>SUFFIX</b>
05 <b>ADDRESS office (business or governmental) or home</b> City      State      Zip Code      Area Code      Phone			
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
06 <b>STATUS</b> Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)      C <input type="checkbox"/> Public Official (Current)      D <input checked="" type="checkbox"/> Public Employee (Current)      E <input type="checkbox"/> Check this block if you are filing as a solicitor      F <input type="checkbox"/> Check this block if you are amending an original filing			
B <input type="checkbox"/> Nominee      G <input type="checkbox"/> Public Official (Former)      H <input type="checkbox"/> Public Employee (Former)			
07 <b>PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A Env'tl Prgm Mgr <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
B			
08 <b>GOVERNMENTAL ENTITY</b> in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
09 <b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Permits Environmental Mgr		10 <b>YEAR</b> SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018	
11 <b>REAL ESTATE INTERESTS</b> (See instructions on page 2)      If NONE, check this box. <input checked="" type="checkbox"/>			
12 <b>CREDITORS</b> (See instructions on page 2)      If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address)      Address      Interest Rate			
Name      Address      Interest Rate			
13 <b>DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2)      ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)			
Name      Address			
Environmental Protection      Address			
14 <b>GIFTS</b> (See instructions on page 2)      If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift      Value of Gift			
Address of Source of Gift      Circumstances (including description) of Gift			
15 <b>TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2)      If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)      Value			
16 <b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2)      If NONE, check this box. <input checked="" type="checkbox"/>			
Business Entity (Name and Address)      Position Held (i.e., officer, director, employee, etc.)			
17 <b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2)      If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business      Interest Held (i.e., 5%, 10%, etc.)			
18 <b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2)      If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)      Interest Held			
Transferree (Name and Address)      Relationship      Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian T Babb

Current Date

1/26/2019 3:06:26 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Babb		FIRST NAME Brian		MI T	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)		C <input type="checkbox"/> Public Official (Current)		D <input checked="" type="checkbox"/> Public Employee (Current)	
B <input type="checkbox"/> Nominee		C <input type="checkbox"/> Public Official (Former)		D <input type="checkbox"/> Public Employee (Former)	
				E <input type="checkbox"/> Check this block if you are filing as a solicitor	
				F <input type="checkbox"/> Check this block if you are amending an original filing	
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)					
A Permits Environmental Mgr		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
B		<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Permits Environmental Mgr			07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Creditor (Name and Address) Name [REDACTED]		Address [REDACTED]		Interest Rate [REDACTED]	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)					
Name Environmental Protection		Address [REDACTED]		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift		Value of Gift			
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)			
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)		Interest Held			
Transferree (Name and Address)		Relationship			
		Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian T Babb [REDACTED]

Current Date

4/25/2018 12:44:58 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Kresge FIRST Randall MI S  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

- 1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*
- a. Governor
  - b. Lieutenant Governor
  - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
  - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
  - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
  - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act
- 2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year(January 1 through December 31).** Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows:    **a.)** Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824.    **b.)** Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824.    **c.)** All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Prfsnl Geolgst Mgr Dep

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

### LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

### EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

### REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired



Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Randall S Kresge

4/23/2019 12:49:31 PM

SIGNATURE

DATE

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

**LAST NAME** Kresge **FIRST** Randall **MI** S  
**NAME OF AGENCY, BOARD OR COMMISSION** Environmental Protection

**POLICY**

- 1. *Statements of Financial Interest.*** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*
- a. Governor*
  - b. Lieutenant Governor*
  - c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
  - d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
  - e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
  - f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. *Additional Filings.*** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year(January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A  
Principal Occupation or Profession \_\_\_\_\_  
Principal Work Address \_\_\_\_\_  
Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection  
Position Title Lcnsd Prfsnl Geolgst  
Work Address \_\_\_\_\_  
Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

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N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

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Form electronically submitted by Randall S Kresge

5/14/2018 11:32:17 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Kresge	FIRST NAME Randall	MI S	SUFFIX
------------------------	-----------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held
A Prfsl Geolgst Mgr Dep	
B	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Licensed Professional Geologist	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		
Creditor (Name and Address) Name	Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address	

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	
Circumstances (including description) of Gift	

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Randall S Kresge

Current Date

4/23/2019 12:49:31 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 <b>LAST NAME</b> Kresge	FIRST NAME Randall	MI S	SUFFIX
-------------------------------	-----------------------	---------	--------

02 <b>ADDRESS office (business or governmental) or home</b>	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 <b>STATUS</b> Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 <b>PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Lcnsd Prfsnl Geolgst		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 <b>GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 <b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Licensed Professional Geologist	07 <b>YEAR SEE INSTRUCTIONS</b> Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
---	---

08 <b>REAL ESTATE INTERESTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
--	--

09 <b>CREDITORS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		
Creditor (Name and Address) Name	Address	Interest Rate

10 <b>DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address		

11 <b>GIFTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 <b>TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 <b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 <b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 <b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Randall S Kresge

Current Date

5/14/2018 11:32:17 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Willey FIRST Rick MI L  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**



1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: **a.)** Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. **b.)** Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. **c.)** All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Oil Gas Insp Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)  
\_\_\_\_\_

Nature/description of interest(s), including conditions and encumbrances  
\_\_\_\_\_

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred  
\_\_\_\_\_

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

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List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

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Form electronically submitted by Rick L Willey

2/21/2019 6:35:34 AM

SIGNATURE

DATE

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CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

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LAST NAME Wiley FIRST Rick MI L  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
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**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Oil Gas Insp

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)  
\_\_\_\_\_

Nature/description of interest(s), including conditions and encumbrances  
\_\_\_\_\_

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred  
\_\_\_\_\_

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

### LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

### EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

### REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Rick L Willey

1/25/2018 9:41:17 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

<b>01 LAST NAME</b> Wiley	<b>FIRST NAME</b> Rick	<b>MI</b> L	<b>SUFFIX</b>
------------------------------	---------------------------	----------------	---------------

<b>02 ADDRESS office (business or governmental) or home</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Area Code</b>	<b>Phone</b>

**NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.**

<b>03 STATUS</b> Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
<input type="checkbox"/> <b>A</b> Candidate (including write-in)	<input type="checkbox"/> <b>C</b> Public Official (Current)	<input checked="" type="checkbox"/> <b>D</b> Public Employee (Current)	<input type="checkbox"/> <b>E</b> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
<input type="checkbox"/> <b>B</b> Nominee	<input type="checkbox"/> <b>C</b> Public Official (Former)	<input type="checkbox"/> <b>D</b> Public Employee (Former)			

<b>04 PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held
<b>A</b> Oil Gas Insp Supv	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
<b>B</b>	

<b>05 GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
<b>A</b> Environmental Protection	
<b>B</b>	

<b>06 OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Oil & Gas Inspector Supervisor	<b>07 YEAR</b> SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	---

<b>08 REAL ESTATE INTERESTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
--	--

<b>09 CREDITORS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address) Name Address	Interest Rate

<b>10 DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address		
Environmental Protection		

<b>11 GIFTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

<b>12 TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value
Source (Name and Address)	

<b>13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Position Held (i.e., officer, director, employee, etc.)
Business Entity (Name and Address)	

<b>14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business	

<b>15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held Relationship Date Transferred
Business (Name and Address)	
Transferree (Name and Address)	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Rick L Wiley

Current Date

2/21/2019 6:35:34 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Wiley	FIRST NAME Rick	MI L	SUFFIX
-----------------------	--------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Oil Gas Insp		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Oil & Gas Inspector	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rate [REDACTED]

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Rick L Wiley

Current Date

1/25/2018 9:41:17 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lencer FIRST Steven MI F  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Oil Gas Insp Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

FARMINGTON TWP VOLUNTEER FIRE CO  
6785 Route 36  
Leeper, Pa 16233

Title/description of service(s)

Asst Chief LINE OFFICER

Period(s) of time during which services were, are or will be rendered

JAN 1 TO DEC 31

Total amount of monies, compensation, consideration received

VOLUNTEER

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

RESIDENTIAL RENTAL PROPERTY 33734 RT 66 LEEPER, PA

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

**Acquisition:**

Date(s) Acquired 04/1/96

Name/Address of person(s)/entity(ies) from whom acquired

**STEVE LENCER TO STEVE LENCER**Manner of transfer or conveyance (Purchase, inheritance, etc.)  
[REDACTED]**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Steven F Lencer [REDACTED]

2/19/2019 1:43:35 PM

SIGNATURE

DATE

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lencer FIRST Steven MI F  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Oil Gas Insp Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

**FARMINGTON TWP VOLUNTEER FIRE CO**

Title/description of service(s)

**CAPTAIN LINE OFFICER**

Period(s) of time during which services were, are or will be rendered

**JAN 1 TO DEC 31**

Total amount of monies, compensation, consideration received

**VOLUNTEER**

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

**RESIDENTIAL RENTAL PROPERTY 33734 RT 66 LEEPER, PA**

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired **04/1/96**

Name/Address of person(s)/entity(ies) from whom acquired

**STEVE LENCER TO STEVE LENCER**



Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Steven F Lencer

4/24/2018 8:48:34 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

<b>01 LAST NAME</b> Lencer	<b>FIRST NAME</b> Steven	<b>MI</b> F	<b>SUFFIX</b>
<b>02 ADDRESS office (business or governmental) or home</b>			
City	State	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
<b>03 STATUS</b> Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	<input type="checkbox"/> Check this block if you are amending an original filing
<b>04 PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.)			
<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A Oil Gas Insp Supv			
<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
B			
<b>05 GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
<b>06 OCCUPATION OR PROFESSION</b> (This may be the same as block 4)		<b>07 YEAR</b> SEE INSTRUCTIONS	
Oil and Gas Inspector Supervio		Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018	
<b>08 REAL ESTATE INTERESTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
<b>09 CREDITORS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address)		Interest Rate	
Name		Address	
See attachment			
<b>10 DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2)			
Name		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)	
Environmental Protection		Address	
<b>11 GIFTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
<b>12 TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
<b>13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
FARMINGTON TWP VOLUNTEER FIRE CO		Asst Chief LINE OFFICER	
6785 Route 36			
Leeper, Pa 16233			
<b>14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
<b>15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)		Interest Held	
Transferree (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Steven F Lencer

Current Date

2/19/2019 1:43:35 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Lencer	FIRST NAME Steven	MI F	SUFFIX
------------------------	----------------------	---------	--------

  

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

  

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)			<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Oil Gas Insp Supv			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					

  

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

  

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Oil and Gas Inspector Supervio	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
---	--

  

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

  

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address) Name: See attachment	Address: Interest Rate:

  

10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name: Environmental protection	Address: [REDACTED]		

  

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

  

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

  

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Business Entity (Name and Address) FARMINGTON TWP VOLUNTEER FIRE CO	Position Held (i.e., officer, director, employee, etc.) CAPTAIN LINE OFFICER

  

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

  

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Steven F Lencer

Current Date

4/24/2018 8:48:34 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

## SEC-1 CREDITORS - Attachment

[illegible]

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Neville FIRST Richard MI L  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

**N/A**

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

**N/A**

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

**Land Evaluation Services, LLC  
22250 Shartle Road  
Meadville, PA 16335**

Title/description of service(s)

**Real estate transactions-property evaluations**

Period(s) of time during which services were, are or will be rendered

**1/1/2011-1/1/2012**

Total amount of monies, compensation, consideration received

**Not active in 2018**

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

**N/A**

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*



Date(s) Acquired \_\_\_\_\_

Name/Address of person(s)/entity(ies) from whom acquired \_\_\_\_\_

Manner of transfer or conveyance (Purchase, inheritance, etc.) \_\_\_\_\_

**Transfers:**

Name, nature/description and mailing address of property interest(s)

**N/A**

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

**N/A**

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

**N/A**

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard L. Neville

3/21/2019 11:44:36 AM

SIGNATURE

DATE

**PERSONAL ECONOMIC INTEREST - ATTACHMENT**

**Name/Address of principal office of the business entity(ies):**

[REDACTED]  
[REDACTED]

**Nature/description of interest(s), including conditions and encumbrances:**

[REDACTED]

---

**Name/Address of principal office of the business entity(ies):**

[REDACTED]  
[REDACTED]

**Nature/description of interest(s), including conditions and encumbrances:**

[REDACTED]

---

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Neville FIRST Richard MI L  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: **a.)** Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. **b.)** Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. **c.)** All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

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Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Land Evaluation Services, LLC  
22250 Shartle Road  
Meadville, PA 16335

Title/description of service(s)

Real estate transactions-property evaluations

Period(s) of time during which services were, are or will be rendered

1/1/2011-1/1/2012

Total amount of monies, compensation, consideration received

Not active in 2017

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired \_\_\_\_\_

Name/Address of person(s)/entity(ies) from whom acquired \_\_\_\_\_

Manner of transfer or conveyance (Purchase, inheritance, etc.) \_\_\_\_\_

**Transfers:**

Name, nature/description and mailing address of property interest(s)

**N/A**

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

**N/A**

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

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**N/A**

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

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Form electronically submitted by Richard L Neville

2/12/2018 7:02:07 AM

SIGNATURE

DATE

**PERSONAL ECONOMIC INTEREST - ATTACHMENT**

**Name/Address of principal office of the business entity(ies):**

[REDACTED]  
[REDACTED]

**Nature/description of interest(s), including conditions and encumbrances:**

[REDACTED]

---

**Name/Address of principal office of the business entity(ies):**

[REDACTED]  
[REDACTED]

**Nature/description of interest(s), including conditions and encumbrances:**

[REDACTED]

---

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 <b>LAST NAME</b> Neville	FIRST NAME Richard	MI L	SUFFIX
--------------------------------	-----------------------	---------	--------

02 <b>ADDRESS office (business or governmental) or home</b>	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 <b>STATUS</b> Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 <b>PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held
A Env'tl Prgm Mgr	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
B	

05 <b>GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection.	
B	

06 <b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Environmental Program Manager	07 <b>YEAR</b> SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
---	---

08 <b>REAL ESTATE INTERESTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
--	--

09 <b>CREDITORS</b> (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address)	Address	Interest Rate
Name		
See attachment		

10 <b>DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name	Address	
Environmental Protection		

11 <b>GIFTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 <b>TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address)	Value

13 <b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Business Entity (Name and Address) Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335	Position Held (i.e., officer, director, employee, etc.) Real estate transactions-property evaluations

14 <b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 <b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard L Neville

Current Date

3/21/2019 11:44:36 AM

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SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

<b>01 LAST NAME</b> Neville	<b>FIRST NAME</b> Richard	<b>MI</b> L	<b>SUFFIX</b>
<b>02 ADDRESS office (business or governmental) or home</b>	City	State	Zip Code
			Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
<b>03 STATUS</b> Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) D <input checked="" type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor			
B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former) <input type="checkbox"/> Check this block if you are amending an original filing			
<b>04 PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A Envtl Grp Mgr <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
B			
<b>05 GOVERNMENTAL ENTITY</b> in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
<b>06 OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Environmental Group Manager		<b>07 YEAR SEE INSTRUCTIONS</b> Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
<b>08 REAL ESTATE INTERESTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
<b>09 CREDITORS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address) Name Address		Interest Rate	
<b>10 DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)			
Name Environmental Protection		Address	
<b>11 GIFTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
<b>12 TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
<b>13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Business Entity (Name and Address) Land Evaluation Services, LLC 22250 Shartle Road Meadville, PA 16335		Position Held (i.e., officer, director, employee, etc.) Real estate transactions-property evaluations	
<b>14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
<b>15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)		Interest Held	
Transferree (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard L Neville

Current Date

2/12/2018 7:02:07 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dudzic FIRST Scott MI M  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired \_\_\_\_\_

Name/Address of person(s)/entity(ies) from whom acquired \_\_\_\_\_

Manner of transfer or conveyance (Purchase, inheritance, etc.) \_\_\_\_\_

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Scott M Dudzic

1/22/2019 8:24:03 AM

SIGNATURE

DATE

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

**LAST NAME** Dudzic **FIRST** Scott **MI** M  
**NAME OF AGENCY, BOARD OR COMMISSION** Environmental Protection

**POLICY**

**1. *Statements of Financial Interest.*** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. *Additional Filings.*** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature/description of interest(s), including conditions and encumbrances

\_\_\_\_\_

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

\_\_\_\_\_

**BUSINESS INTERESTS**



List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

### LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

### EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

### REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired \_\_\_\_\_

Name/Address of person(s)/entity(ies) from whom acquired \_\_\_\_\_

Manner of transfer or conveyance (Purchase, inheritance, etc.) \_\_\_\_\_

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Scott M Dudzic

4/4/2018 7:28:46 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Dudzic	FIRST NAME Scott	MI M	SUFFIX
------------------------	---------------------	---------	--------

  

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

  

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Envtl Grp Mgr		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

  

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

  

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Envtl Grp Mgr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

  

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

  

09 CREDITORS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Creditor (Name and Address) Name Address	Interest Rate

  

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address Environmental Protection [REDACTED]		

  

11 GIFTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

  

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address)	Value

  

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

  

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

  

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Scott M Dudzic [REDACTED]

Current Date

1/22/2019 8:24:03 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 <b>LAST NAME</b> Dudzic	01 <b>FIRST NAME</b> Scott	01 <b>MI</b> M	01 <b>SUFFIX</b>
02 <b>ADDRESS office (business or governmental) or home</b>			
City	State	Zip Code	Area Code Phone
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 <b>STATUS</b> Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	<input type="checkbox"/> Check this block if you are amending an original filing
04 <b>PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.)			
A Env'tl Grp Mgr		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held	
B		<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held	
05 <b>GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 <b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4)		07 <b>YEAR</b> SEE INSTRUCTIONS	
Env'tl Grp Mgr		Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
08 <b>REAL ESTATE INTERESTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 <b>CREDITORS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Creditor (Name and Address)		Interest Rate	
Name		Address	
10 <b>DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2)			
Name		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)	
Environmental Protection		Address	
11 <b>GIFTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 <b>TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
13 <b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
14 <b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
15 <b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)		Interest Held	
Transferree (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Scott M Dudzic

Current Date

4/4/2018 7:28:46 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lux FIRST John MI S  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by John S Lux

1/22/2019 8:58:04 AM

SIGNATURE

DATE



**PERSONAL ECONOMIC INTEREST - ATTACHMENT**

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lux FIRST John MI S  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A  
Principal Occupation or Profession \_\_\_\_\_  
Principal Work Address \_\_\_\_\_  
Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection  
Position Title Wtr Qlty Spcst Supv  
Work Address \_\_\_\_\_  
Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by John S Lux

4/30/2018 9:32:25 AM

SIGNATURE

DATE

**PERSONAL ECONOMIC INTEREST - ATTACHMENT**

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

---

Name/Address of principal office of the business entity(ies):

[REDACTED]  
[REDACTED]  
[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

<b>01 LAST NAME</b> Lux	<b>FIRST NAME</b> John	<b>MI</b> S	<b>SUFFIX</b>
----------------------------	---------------------------	----------------	---------------

  

<b>02 ADDRESS office (business or governmental) or home</b> [REDACTED]	<b>City</b> [REDACTED]	<b>State</b> [REDACTED]	<b>Zip Code</b> [REDACTED]	<b>Area Code</b> [REDACTED]	<b>Phone</b> [REDACTED]
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

<b>03 STATUS</b> Check applicable block or blocks, more than one block may be marked, (See instructions on page 2).					
<input type="checkbox"/> A Candidate (including write-in)	<input type="checkbox"/> C Public Official (Current)	<input checked="" type="checkbox"/> D Public Employee (Current)	<input type="checkbox"/> E Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
<input type="checkbox"/> B Nominee	<input type="checkbox"/> C Public Official (Former)	<input type="checkbox"/> D Public Employee (Former)			

  

<b>04 PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held
A Wtr Qlty Spcst Supv	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
B	

  

<b>05 GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

  

<b>06 OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Water Quality Specialist Super	<b>07 YEAR SEE INSTRUCTIONS</b> Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
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<b>08 REAL ESTATE INTERESTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
--	--

  

<b>09 CREDITORS</b> (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Creditor (Name and Address) Name [REDACTED] Address [REDACTED]	Interest Rate [REDACTED]

  

<b>10 DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection Address [REDACTED]		

  

<b>11 GIFTS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift  Address of Source of Gift	Value of Gift  Circumstances (including description) of Gift

  

<b>12 TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address)	Value

  

<b>13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

  

<b>14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

  

<b>15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address)  Transferree (Name and Address)	Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by John S Lux

Current Date

1/22/2019 8:58:04 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Lux	FIRST NAME John	MI S	SUFFIX
---------------------	--------------------	---------	--------

02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
--	--------------------	---------------------	------------------------	-------------------------	---------------------

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Wtr Qlty Spcst Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Super	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
---	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		
Creditor (Name and Address) Name	Address	Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Environmental Protection	Address [REDACTED]		

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by John S Lux [REDACTED]

Current Date

4/30/2018 9:32:25 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Meyer FIRST Chad MI A  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

4.12 acre vacant field.

Control # 06-0-042288 154 State Route 1032, Templeton, PA 16259

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

**Acquisition:**

Date(s) Acquired 4/22/17

Name/Address of person(s)/entity(ies) from whom acquired

Robert Meyer  
122 State Route 1031  
Templeton, PA 16259

Manner of transfer or conveyance (Purchase, inheritance, etc.)

*Transfers:*

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Chad A Meyer

2/12/2019 3:25:34 PM

SIGNATURE

DATE

**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Meyer FIRST Chad MI A  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: **a.)** Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. **b.)** Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. **c.)** All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

4.12 acre vacant field.

Control # 06-0-042288 154 State Route 1032, Templeton, PA 16259

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired 4/22/17

Name/Address of person(s)/entity(ies) from whom acquired

Robert Meyer  
122 State Route 1031  
Templeton, PA 16259

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Chad A Meyer

3/8/2018 10:51:23 AM

SIGNATURE

DATE



STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Meyer	FIRST NAME Chad	MI A	SUFFIX
-----------------------	--------------------	---------	--------

  

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

  

04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Wtr Qlty Spcst Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

  

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

  

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Spvr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
--	--

  

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

  

09 CREDITORS (See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>
Creditor (Name and Address) Name Address Interest Rate See attachment	

  

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address Environmental Protection		

  

11 GIFTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift	

  

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Source (Name and Address) Value	

  

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)	

  

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)	

  

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
Business (Name and Address) Interest Held Relationship Date Transferred Transferree (Name and Address)	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Chad A Meyer

Current Date

2/12/2019 3:25:34 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

## SEC-1 CREDITORS - Attachment

[illegible]

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME Meyer	FIRST NAME Chad	MI A	SUFFIX
-----------------------	--------------------	---------	--------

02 ADDRESS office (business or governmental) or home	City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Wtr Qlty Spcst Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B				

05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A Environmental Protection	
B	

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Spvr	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017
--	--

08 REAL ESTATE INTERESTS (See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>
---	--

09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address) Name Address	Interest Rate
See attachment	

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)
Name Address			
Environmental Protection			

11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift	Value of Gift
Address of Source of Gift	Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)	Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)	Interest Held
Transferree (Name and Address)	Relationship
	Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Chad A Meyer Current Date 3/8/2018 10:51:23 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

**2019  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2018 FILING YEAR**

**THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.**

**LAST NAME** Sheriff **FIRST** Richard **MI** A  
**NAME OF AGENCY, BOARD OR COMMISSION** Environmental Protection

**POLICY**

**1. *Statements of Financial Interest.*** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

**2. *Additional Filings.*** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).**

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

*Transfers:*

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

The Harbor Free Methodist Church  
135 Conewango Ave.  
Warren, PA 16365

Title/description of service(s)

Lead Pastor

Period(s) of time during which services were, are or will be rendered

1/1/2018 through 12/31/2018

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

*Acquisition:*

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

**GIFTS**

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard A Sheriff

2/4/2019 8:03:12 AM

SIGNATURE

DATE



**2018  
CODE OF CONDUCT  
STATEMENT OF FINANCIAL INTEREST  
FOR 2017 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Sheriff FIRST Richard MI A  
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

**POLICY**

**1. Statements of Financial Interest.** *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

**2. Additional Filings.** *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31).

Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

**INSTRUCTIONS FOR COMPLETING THIS STATEMENT**

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2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by  
Chairpersons and Members of Compensated Boards and Commissions  
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession \_\_\_\_\_

Principal Work Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**B. To be completed by  
Heads of Agencies and all other Officials, Appointees and Employees  
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PERSONAL ECONOMIC INTEREST**

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**BUSINESS INTERESTS**

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

**Transfers:**

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

**LIABILITIES**

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

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Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

**EMPLOYMENT**

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

The Harbor Free Methodist Church  
135 Conewango Ave.  
Warren, PA 16365

Title/description of service(s)

Lead Pastor

Period(s) of time during which services were, are or will be rendered

1/1/2017 through 12/31/2017

Total amount of monies, compensation, consideration received

**REAL PROPERTY INTERESTS**

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

**Acquisition:**

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

**Transfers:**

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

**SEVERANCE PAYMENTS**

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

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List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard A Sheriff

1/24/2018 8:55:01 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01	LAST NAME Sheriff	FIRST NAME Richard	MI A	SUFFIX						
02	ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone									
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.										
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)									
A <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) D <input checked="" type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor F <input type="checkbox"/> Check this block if you are amending an original filing										
B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)										
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held A Wtr Qlty Spcst Supv <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held B									
05	GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) A Environmental Protection B									
06	OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Super		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018							
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>									
09	CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> <table border="1" style="width:100%"><tr><td>Creditor (Name and Address) Name</td><td>Address</td><td>Interest Rate</td></tr></table>				Creditor (Name and Address) Name	Address	Interest Rate			
Creditor (Name and Address) Name	Address	Interest Rate								
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) Name Address Environmental Protection		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)							
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> <table border="1" style="width:100%"><tr><td>Source of Gift</td><td>Value of Gift</td></tr><tr><td>Address of Source of Gift</td><td>Circumstances (including description) of Gift</td></tr></table>				Source of Gift	Value of Gift	Address of Source of Gift	Circumstances (including description) of Gift		
Source of Gift	Value of Gift									
Address of Source of Gift	Circumstances (including description) of Gift									
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> <table border="1" style="width:100%"><tr><td>Source (Name and Address)</td><td>Value</td></tr></table>				Source (Name and Address)	Value				
Source (Name and Address)	Value									
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/> <table border="1" style="width:100%"><tr><td>Business Entity (Name and Address) The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365</td><td>Position Held (i.e., officer, director, employee, etc.) Lead Pastor</td></tr></table>				Business Entity (Name and Address) The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365	Position Held (i.e., officer, director, employee, etc.) Lead Pastor				
Business Entity (Name and Address) The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365	Position Held (i.e., officer, director, employee, etc.) Lead Pastor									
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> <table border="1" style="width:100%"><tr><td>Name and Address of Business</td><td>Interest Held (i.e., 5%, 10%, etc.)</td></tr></table>		Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)						
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)									
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> <table border="1" style="width:100%"><tr><td>Business (Name and Address)</td><td>Interest Held.</td></tr><tr><td>Transferree (Name and Address)</td><td>Relationship</td></tr><tr><td></td><td>Date Transferred</td></tr></table>		Business (Name and Address)	Interest Held.	Transferree (Name and Address)	Relationship		Date Transferred		
Business (Name and Address)	Interest Held.									
Transferree (Name and Address)	Relationship									
	Date Transferred									

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard A Sheriff

Current Date

2/4/2019 8:03:12 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

<b>01 LAST NAME</b> Sheriff	<b>FIRST NAME</b> Richard	<b>MI</b> A	<b>SUFFIX</b>
<b>02 ADDRESS office (business or governmental) or home</b>	City	State	Zip Code
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
<b>03 STATUS</b> Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) D <input checked="" type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor			
B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former) <input type="checkbox"/> Check this block if you are amending an original filing			
<b>04 PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A Wtr Qlty Spcst Supv <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
B			
<b>05 GOVERNMENTAL ENTITY</b> In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
<b>06 OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Water Quality Specialist Super		<b>07 YEAR SEE INSTRUCTIONS</b> Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
<b>08 REAL ESTATE INTERESTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
<b>09 CREDITORS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Creditor (Name and Address) Name		Address	Interest Rate
<b>10 DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)			
Name Environmental Protection		Address	
<b>11 GIFTS</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
<b>12 TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
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Business Entity (Name and Address) The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365		Position Held (i.e., officer, director, employee, etc.) Lead Pastor	
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